

09/830332

ISSUE SLIP STABLE AREA (for additional cross references)

| POSITION | INITIALS | TO NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 6-6-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral) Cancelled
 - Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| 1 | 01/03/01 |
| 2 | 01/03/01 |
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| Claim | Date |
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| Claim | Date |
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| 101 | 01/03/01 |
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| 149 | 01/03/01 |
| 150 | 01/03/01 |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheets here

(LEFT INSIDE)